



INTERSTATE COMPACT REPORT ON PLACEMENT STATUS OF CHILD

CHILDREN'S
ADMINISTRATION
DIVISION OF CHILDREN AND
FAMILY SERVICES
ICPC 100B

1. TO: NAME AND ADDRESS OF COMPACT ADMINISTRATOR

FROM:

Washington Interstate Compact Manager
Department of Social and Health Services (MS: 45711)
14th & Jefferson/P. O. Box 45711
Olympia, Washington 98504-5711

2. SECTION I: IDENTIFYING INFORMATION	
A. CHILD'S NAME	BIRTHDATE
B. MOTHER'S NAME	
C. FATHER'S NAME	
3. SECTION II: PLACEMENT STATUS	
<input type="checkbox"/> A. Placement request withdrawn/cancelled:	DATE WITHDRAWN OR CANCELLED
<input type="checkbox"/> B. Placement: <input type="checkbox"/> Initial <input type="checkbox"/> Change	DATE OF PLACEMENT
NAME OF WHO PLACED WITH	
ADDRESS OF WHO PLACED WITH	
<input type="checkbox"/> C. Type of placement: <input type="checkbox"/> Foster home <input type="checkbox"/> Group/residential treatment <input type="checkbox"/> Parent <input type="checkbox"/> Relative; relationship: _____ <input type="checkbox"/> Adoption	
4. SECTION III: COMPACT TERMINATION	
<input type="checkbox"/> A. Child returned to sending state	
<input type="checkbox"/> B. Approved resource will not be used	
<input type="checkbox"/> C. Treatment completed	
<input type="checkbox"/> D. Legal status/custody given to:	
NAME	
ADDRESS	
<input type="checkbox"/> E. Sending state's jurisdiction terminated	
<input type="checkbox"/> F. Adoption finalized: <input type="checkbox"/> Sending state <input type="checkbox"/> Receiving state Date: _____	
5. SECTION IV: SIGNATURES	
PERSON/AGENCY SUPPLYING INFORMATION	DATE
REPORTING COMPACT ADMINISTRATOR/ALTERNATE	DATE

DISTRIBUTION: Complete four copies of this form.
Sending person/agency retains one copy and forwards three copies to:
Sending Compact Administrator retains one copy and forwards two copies to:
Receiving Compact Administrator retains one copy, forwards one copy to the receiving agency.